

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Beatriz Vasquez, PhD, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback, Director

Board of Directors
Regular Meeting Agenda

May 20, 2019 11:00 am
Fall River Board Room

Mission Statement

Mayers Memorial Hospital District serves the Intermountain area, providing outstanding patient-centered healthcare to improve quality of life through dedicated, compassionate staff, and innovative technology.

				Approx. Time Allotted
1	CALL MEETING TO ORDER			
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS	Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.		
3	APPROVAL OF MINUTES			
	3.1 Regular Meeting – April 24, 2019	<i>Attachment A</i>	Action Item	2 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS			
	4.1 Resolution 2019-06 – April Employee of the Month	<i>Attachment B</i>	Action Item	5 min.
	4.2 Mayers Healthcare Foundation Report	<i>Attachment C</i>	Report	10 min.
5	BOARD COMMITTEES			
	5.1 Finance Committee			
	5.1.1 Committee Meeting Report		Report	10 min.
	5.1.2 April 2019 Financial Review, AP, AR, and Acceptance of Financials		Action Item	5 min.
	5.1.3 Board Quarterly Finance Review		Action Item	5 min.
	5.1.4 Pharmacy Paving Quote	<i>Attachment D</i>	Action Item	5 min.
	5.2 Strategic Planning Committee			
	5.2.1 Committee Meeting Report – DRAFT Minutes attached	<i>Attachment E</i>		
	5.3 Quality Committee			
	5.3.1 Committee Meeting Report – DRAFT Minutes attached	<i>Attachment F</i>	Report	10 min.
6	NEW BUSINESS			
	6.1 May Board Meeting Date		Action Item	5 min.
	Policies & Procedures			
	Access to Public Records			
	1135 Waiver			
	6.2 Emergency Medicine Core Privileges			
	Minimum Necessary			
	Wound Care Core Privileges	<i>Attachment G</i>	Action Item	10 min.

7	ADMINISTRATIVE REPORTS		
7.1	Chief's Reports – <i>Written reports provided. Questions pertaining to written report and verbal report of any new items</i>	<i>Attachment H</i>	
7.1.1	CEO – Louis Ward	Report	10 min.
7.1.2	CCO – Keith Earnest	Report	5 min.
7.1.3	CFO – Travis Lakey	Report	5 min.
7.1.4	CNO – Candy Vculek	Report	5 min.
7.1.5	COO – Ryan Harris	Report	5 min.
7.2	Construction Change Orders	Action Item	5 min.
8	OTHER INFORMATION/ANNOUNCEMENTS	Information	
	LEGISLATIVE UPDATE – Val Lakey		
9	ANNOUNCEMENT OF CLOSED SESSION		
9.1	Government Code Section 54962:		
9.2	Real Property Government Code 54956.8		
9.3	Pending Litigation Government Code 54956.9		
9.4	Personnel Government Code 54957		
10	RECONVENE OPEN SESSION – Report Closed Session Action	Information	
11	ADJOURNMENT: Next Regular Meeting – June 26, 2019 – Burney		

Posted 05/15/2019

Attachment A

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Beatriz Vasquez, PhD, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback, Director

**Board of Directors
Regular Meeting
Minutes**

April 24, 2019 – 1:00 pm
Boardroom (Burney)

These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.

1 CALL MEETING TO ORDER: Beatriz Vasquez called the regular meeting to order at 1:00 pm on the above date.

BOARD MEMBERS PRESENT:

Beatriz Vasquez, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback

STAFF PRESENT:

Travis Lakey, CFO
Ryan Harris, COO
Keith Earnest, CCO
Theresa Overton
Val Lakey, Board Clerk

ABSENT:

2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS

3 APPROVAL OF MINUTES

3.1 A motion/second carried; Board of Directors accepted the minutes of March 27, 2019. *Albaugh/Hathaway* **Approved All**

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

4.1 A motion/second carried; Nola Covert was recognized as March Employee of the Month. Resolution 2019-5 *Hathaway/Beyer* **Approved All**

4.2 **Director of Quality** – Jack Hathaway. In addition to the written report, Hathaway noted the RL6 program will be beneficial and easy to manage for reporting. The appropriate people will be notified when reports are made.

Utterback asked about the Security Risk analysis. It is a part of our meaningful use. It is a self-assessment for HIPAA and technology. Hathaway works with Broadway. The tool is provided by HHS.

MVHC User access – First quarter – there were 243 accesses of information that were questionable. This is through the agreement they are allowed through Papervision. Access has been adjusted and we are working with MVHC to resolve issues.

4.3 **Hospice Quarterly Report** – Mary Ranquist January – March 2019 Report – 197 days this quarter. 183 served in patients home; 14 in Burney Annex. There are currently no patients. Hospice Dinner was very well attended. Staff time will be adjusted according to census.

5 BOARD COMMITTEES

5.1 Finance Committee

5.1.1	Committee Meeting Report: Reports from Infection Control and SNF Social Services. There are 13 on a waiting list that have all been cleared for admittance when beds become available. (10 are memory unit). Infection Control report talked about VD, etc. Reviewed construction process.		
5.1.2	March 2019 Financial Review, AP, AR and acceptance of financials.	<i>Hathaway/Albaugh</i>	<i>Approved All</i>
5.2	Strategic Planning Committee		
5.2.1	Committee Meeting Report – No Meeting		
5.2.2	May Meeting Date – Moved to Monday, May 13, 2019 at 9:00 am		
5.3	Quality Committee		
5.3.1	Committee Meeting Report –. DRAFT minutes were attached. Dr. Dahle attended.		
6	NEW BUSINESS		
6.1	May Board Meeting Date May 20, 2019 - 9:00 Finance; 11:00 Regular	<i>Utterback/Beyer</i>	<i>Approved All</i>
6.2	Policies & Procedures – Albaugh Abstain	<i>Beyer/Hathaway</i>	<i>Approved All</i>
6.3	Compliance with EMTALA – Enacted by Congress in 1986. There are very specific requirements for Emergency Departments. We are obligated to see and treat all patients regardless of their ability to pay. There are also requirements regarding transfers. We had a self-report. We had an EMTALA survey in early April. There was another instance. These have all been physician driven issues. Two of the 21 charts surveyed did not meet requirements. The policy presented meets our requirement for a policy. Fines can be up to \$24,500 per instance. We have identified gaps and are working to correct them.	<i>Utterback/Beyer</i>	<i>Approved All</i>
6.4	Manual Review and Approval		
7	ADMINISTRATIVE REPORTS		
7.1	Chief's Reports		
7.1.1	CEO: Written report. Lakey noted that Ward wanted to add that MVHC invited us to look at a HRSA grant for OB. Ryan (for Louis) updated on the pharmacy. Working on parking, drive-through, and signage. License should be forthcoming. Need to open within 30 days.		
7.1.2	CCO: Talked about Point Click Care – implementation project of 8 weeks after details with Paragon/AllScripts. We are at the coordinating level.		
7.1.3	CFO: There was a question about the “Clawback”. Lakey explained the \$785,000 payback. By end of next month we should be at 150+ cash on hand.		
7.1.4	CNO: Provided a written report at the meeting (get from Candy). Finished project in ER partnering with UC Davis – stroke neurological treatment. Lab CLIA survey – nothing found. Radiology moving along with PACS transition. Salary adjustments have been made. Hired another tech that will be with us for the next 6 months. Nurse bonuses have helped with hiring of RNs.		

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- 7.1.5 **COO:** In addition to the written report: Questions on the clinic and design. Final design meeting is May 6th. Preliminary conversations with CHFFA are promising for funding.

Albaugh asked about the air conditioner. Waiting for OSHPD comments. Hoping that we will have new unit in place in July.

Ryan is spending a lot of time on the job site.

-
- 7.2 **Construction Change Orders:** March 18, 2019 there was a delay change order meeting. Initially there was a change order of \$140,000 (see Finance notes). Another project change order was provided on April 15. Ryan has reviewed and Dave Lupton is reviewing. It will be sent to the legal team for review.

*Beyer/Hathaway
Approved AI*

8 OTHER INFORMATION/ANNOUNCEMENTS

Legislative Update – Val Lakey

9 ANNOUNCEMENT OF CLOSED SESSION – 2:25 pm

9.1 **Government Section Code 54962**

Beyer/Hathaway

- **Quality Assurance: Quality Improvement Issues, Medical Staff Report**
- STAFF STATUS CHANGE**
 1. Jesse Livingston, MD to Inactive
 2. Paul Johnson, MD to Inactive
- AHP REAPPOINTMENT**
 1. Heather Corr PA-C
 2. Steven Brown, CRNA
- MEDICAL STAFF APPOINTMENT**
 1. Lara Zimmermann, MD – Neurology, Telemedicine
 2. Ajay Sampat, MD – Neurology, Telemedicine
 3. Ryan Martin, MD – Neurology, Telemedicine
 4. Charles DeCarli, MD – Neurology, Telemedicine
 5. Ashok Davanathan, MD – Neurology, Telemedicine
 6. Alexandra Duffy, DO – Neurology, Telemedicine
 7. Alan Yee, DO – Neurology, Telemedicine
 8. Fredric Gorin, MD – Neurology, Telemedicine
 9. Ge Xiong, MD – Neurology, Telemedicine
 10. David Richman, MD – Neurology, Telemedicine
 11. Kwan Ng, MD – Neurology, Telemedicine
 12. Katherine Park, MD – Neurology, Telemedicine
 13. John Olichney, MD – Neurology, Telemedicine
 14. Jeffrey Kennedy, MD – Neurology, Telemedicine
 15. Matthew Chow, MD – Neurology, Telemedicine
 16. Masud Seyal, MD – Neurology, Telemedicine
 17. Marc Lenaerts, MD – Neurology, Telemedicine
 18. Lin Zhang, MD – Neurology, Telemedicine
 19. Ricardo Maselli, MD – Neurology, Telemedicine
 20. Norika Malhado-Chang, MD – Neurology, Telemedicine
 21. Michelle Apperson, MD – Neurology, Telemedicine
 22. Vicki Wheelock, MD – Neurology, Telemedicine

9.2 **Real Property Government Code 54956.8 – No Action**

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9.3 **Litigation Government Code 54956.9 – No Action**

9.4 **Personnel Government Code 54957 – No Action**

10 **RECONVENE OPEN SESSION: 2:30 pm – Privileges approved**

11 **ADJOURNMENT**

Next Regular Meeting – May 20, 2019 – Fall River Mills – 11:00 am

I, _____, Board of Directors _____, certify that the above is a true and correct transcript from the minutes of the regular meeting of the Board of Directors of Mayers Memorial Hospital District

Board Member

Board Clerk

ATTACHMENT B



Mayers Memorial Hospital District
Always Caring. Always Here.

RESOLUTION NO. 2019-06

**A RESOLUTION OF THE BOARD OF TRUSTEES
OF MAYERS MEMORIAL HOSPITAL DISTRICT RECOGNIZING**

Wendy Washburn

As April 2019 EMPLOYEE OF THE MONTH

WHEREAS, the Board of Trustees has adopted the MMHD Employee Recognition Program to identify exceptional employees who deserve to be recognized and honored for their contribution to MMHD; and

WHEREAS, such recognition is given to the employee meeting the criteria of the program, namely exceptional customer service, professionalism, high ethical standards, initiative, innovation, teamwork, productivity, and service as a role model for other employees; and

WHEREAS, the MMHD Employee Recognition Committee has considered all nominations for the MMHD Employee Recognition Program;

NOW, THEREFORE, BE IT RESOLVED that, Wendy Washburn is hereby named Mayers Memorial Hospital District Employee of the Month for April 2019; and

DULY PASSED AND ADOPTED this 20th day of May 2019 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

Beatriz Vasquez, President
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

Val Lakey
Clerk of the Board of Directors

Attachment C

Mayers Healthcare Foundation (MHF) board of directors will meet on May 20, 2019. Below is a brief outline of foundation business and activities:

- Scholarship Committee met May 8th to review scholarship applications and will be proposing to the foundation board approval of 8 Community Scholarships and 3 MEDS (Medical Education Development Scholarships) totaling \$9,000 in awards. Two of the eight community are reoccurring recipients—occupational goals are PT and RN (CRNA or Nurse Practitioner (geriatrics)).
- Finance Committee met on May 14th to review 20 award applications submitted by Mayers' management. There are \$40,000 in awards offered this cycle. Final awards will be approved and announced at the upcoming foundation board meeting May 20th.
- Campaign Report: \$1,000,000 check awarded to MMHD from the Foundation's NHW campaign account in April. The McConnell Foundation's VP of Operations Shannon Phillips will visit and tour Mayers NHW project on May 16th as well as discuss the \$1 million grant award.
- Grants Update: Focus is on external funding requests only made on behalf of either the 501(c)(3) MHF or District. Over \$278,824 in grants have been applied for in 2019 to date and \$54,322 awarded; \$224,011 pending.
- Health Fair Event April 6th was great! Kudos to Barbara Spalding for organizing the great community event—and thanks also extended to Keith Earnest, Laura Beyer, and Louis Ward for their help in greeting and registering community members for labs. Over 200 participants for lab draws alone, up from last year, with good feedback on the health fair and the 18 vendors participating (3 new outside/7 Mayers' departments). Special thanks and praises to Mayers' laboratory manager and staff, and the Mayers' dietary manager and staff for their good works.
- Volunteer Appreciation Luncheon was fabulous, delicious and enjoyed by all. The volunteers praised us and commented on how nice the afternoon was—they were delighted being served and waited on by Louis, Travis, Kandie, Barbara, Mary Ranquist and myself. We greatly appreciate all that they do for Mayers, Intermountain Hospice, and our community. Thank you district directors Beatriz and Laura for attending and recognizing the generous volunteers.
- Fundraising Report!
 - Hospice Annual dinner held April 5, 2019, netted \$2,335...and fun had by all!
 - Upcoming On-the-Green Golf Tournament will be held August 17th...mark your calendar (we have a new golfer...her name is Jeanne!)

In closing, a few things I'm working on...1) new wall photos for SNF; 2) continue to meet with prospect donors (new possible property gift); 3) 2018 taxes (Form 990 and Form 199) have been completed and will be presented to the foundation board for approval before filing.

Thanks for the opportunity to report our fundraising business and activities to support MMHD.

Warm regards,
Marlene McArthur



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Insured · Bonded
Contractor's License No. 422987
DIR NO. 1000006215
eaglepav@sbcglobal.net

AGREEMENT

ATTACHMENT D

Let it be known that the contents here stated:

RYAN HARRIS seeks the professional services of Eagle Paving & Grading, hereafter referred to as Eagle, for the purposes of:

JOB LOCATION: 43467 HWY 299 (FALL RIVER PHARMACY)

ITEM

#1 – TO DEMO AND REMOVE EXISTING CONCRETE SLAB APPROXIMATELY 800 SQ.FT. (ANY LEFT OVER FROM OLD GAS STATION IS NOT INCLUDED SLAB ONLY). TO GRIND EXISTING ASPHALT AND HAUL AWAY AS NEEDED APPROXIMATELY 22,000 SQ.FT. TO GRADE AND COMPACT EXISTING BASE ROCK. TO FURNISH AND PLACE APPROXIMATELY 22,000 SQ.FT. OF 2" COMPACTED ASPHALT CONCRETE.

FOR A TOTAL OF \$72,450.00

NOTE: DRAINAGE IS MINIMAL AND CANNOT BE SUBSTANTIALLY CHANGED.

OPTION – TO DEDUCT NEW PAVING IN UNUSED CORNER OF PARKING LOT APPROXIMATELY 1,575 SQ.FT. – DEDUCT \$1,850.00

ITEM #2 – TO RESET EXISTING BUMPERS AT STALLS. TO LAYOUT AND STRIPE 18 STALLS, 2 HANDICAP STALLS AND 1 CROSSHATCH, APPROXIMATELY 400 LIN.FT LINE, 12 ARROWS AND 3 STENCILS FOR DRIVE THRU. TO FURNISH AND INSTALL 4 EACH HANDICAP SIGNS AND POLES.

FOR A TOTAL OF \$1,800.00

PRICE IS BASED ON PRICE OF ASPHALT AT THE PLANT ON THIS DATE, MAY 6, 2019. PRICE SUBJECT TO INCREASE DUE TO FLUCTUATING OIL PRICES. DUE TO CIRCUMSTANCES BEYOND OUR CONTROL, ASPHALT PRICES ARE SUBJECT TO INCREASE AT ANY TIME WHICH WILL MAKE IT NECESSARY TO ADJUST OUR CONTRACT PRICE. WE APOLOGIZE FOR ANY INCONVENIENCE THIS MAY CAUSE YOU.

EXCLUSIONS: CONSTRUCTION STAKING, TESTING, PERMITS, ADDITIONAL MOVE INS. ANYTHING NOT SPECIFICALLY INCLUDED IS CONSIDERED EXCLUDED.

Purchaser agrees to pay eagle for the above described labor and materials upon completion of job, unless otherwise stated in this contract, the total sum of: AS SET FORTH ABOVE

SEE ABOVE FOR DETAIL

BID # 2019-149

Job Name: 42467 HWY 299 (FALL RIVER PHARMACY)

Today's Date: MAY 6, 2019

Eagle makes the following warranties to purchaser:

- A. Job will be performed and completed in a substantial and workmanlike manner, according to Standard practices.
- B. The quality of the materials and workmanship is guaranteed.
- C. Proper barricades will be placed to keep traffic off work areas, in accordance with standard practices.
- D. If verbal or oral contract is given Eagle, this contract becomes legal and binding without being signed.

Under the Mechanic's Lien Law, any contractor, subcontractor, laborer, material man or other person who helps to improve your property and is not paid for his labor, services or material has a right to enforce his claim against your property.

Under the law, you may protect yourself against such claims by filing, before commencing such work of Improvement, or a modification thereof, in the office of the county recorder of the county where the Property is situated and requiring that a bond shall be in any amount not less than (50%) of the contract, be conditioned for the payment in full of the claims of the persons furnishing labor, services, equipment or materials for the work described in said contract.

Contractors are required by law to be licensed and regulated by the CONTRACTOR'S STATE LICENSE BOARD. Any questions concerning a contractor may be referred to the REGISTRAR OF THE BOARD, Whose address is: Contractor's State License Board, 1020 N Street, Sacramento, CA 95814.

All matters of substance or procedure will be governed by the laws of California. If any legal or equitable Actions are instituted to enforce the terms of the terms of this contract, of any nature whatsoever, the prevailing party shall be entitled to collect reasonable attorney's fees and determined by the court in such action.

All accounts are due and payable upon completion of work. A finance charge of 2% per month, which amounts to 24% per year, will be assessed on unpaid balances not paid by end of the month in which work was completed.

NOTE: ALL RETENTION MONIES NOT RELEASED WITHIN 60 DAYS WILL BE SUBJECT TO A FINANCE CHARGE OF 2% PER MONTH WHICH AMOUNTS TO 24% PER YEAR.
SUBJECT TO OFFICE APPROVAL.
EAGLE PAVING AND GRADING IS NOT RESPONSIBLE FOR DAMAGE TO CONCRETE OR OTHER SURFACES DUE TO WEIGHT OF GRINDING MACHINE

Date: MAY 6, 2019

DAVE RATCLIFFE, PARTNER

Eagle Paving & Grading

Purchaser

Please sign and return to Eagle Paving and Grading

Each of the above signed states that he has read the foregoing information and understands and agrees to it

BID #2019-149

42467 HWY 299 (FALL RIVER PHARMACY)

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Beatriz Vasquez, PhD, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback, Director

Board of Directors
Strategic Planning Committee
Minutes
May 13, 2019 9:00am
Boardroom (Fall River Mills)

DRAFT Attachment E

These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.

- 1 **CALL MEETING TO ORDER:** The meeting was called to order at 12:05 pm on the above date.

BOARD MEMBERS PRESENT:

Allen Albaugh, Chair
Beatriz Vasquez, PhD, President

STAFF PRESENT:

Louis Ward, CEO
Ryan Harris, COO
Travis Lakey, CFO
Pam Sweet, Board Clerk

Community Members Present

-
- 2 **CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**

None

-
- 3 **APPROVAL OF MINUTES**

3.1 A motion/second carried; committee members accepted the minutes of March 11, 2019 Ward/Vasquez **Approved All**

- 4 **RETAIL PHARMACY**

- Still targeting July 1st opening
- We have received our state license. Now applying for DEA. Once we get that we will apply for MediCare/Partnership provider number(s)
- Cabinetry has been ordered and should be within the schedule
- Credit card machines have been taken care of
- Working with a signage vendor
- Bathrooms being upgraded for ADA

- 5 **BURNEY CLINIC**

- Will submit plans to BOD in July, then to the county in August

-
- 6 **DAY CARE**

- We lost prospective employees at least in part because of the lack of day care in the area
- School has the same problem attracting teachers
- Recommend the hospital does not run a day care because of regulations
- Thinking about finding somebody we can subsidize to run. We can rent the church across the street
- McConnell Foundation awarded a grant to Surprise Valley. Perhaps we can find a similar grant

7 STAR RATING

- Is a 5-Star rating attainable? Is it needed?
- Is it possible to get the number of RN's we need?
- Is our point of diminishing returns really 80 residents?
- Our focus should be to service the residents within our district
- Maybe, concentrate on amenities such as better food, trips out of the facility
- Would like to remove from the Strategic Plan. Put on the BOD agenda

8 ASSISTED LIVING

- Something to be thinking about
- Also consider in-home assistance

9 STRATEGY FOR ATTRACTING CLINIC PRACTITIONERS

- There is some interest. Believe when we get closer, there will be more interest

10 FALL RIVER PHARMACY PAVING QUOTE

- Repaving the whole parking lot will cost about \$75,000
- Will present at next BOD meeting

11 ADMINISTRATIVE REPORT

11.1 Hospital week is this week. Doing pasta on Wednesday and ice cream on Thursday

11.2 Have 176 days cash on hand

New Building:

- Progress is steady

11.3

- Have paid the general contractor for every invoice submitted
- Still working through the change orders

12 OTHER INFORMATION/ANNOUNCEMENTS:

None

13 ADJOURNMENT – 10:26

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Beatriz Vasquez, PhD, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback, Director

Board of Directors
Quality Committee
Minutes

May 8, 2019 12:00 p.m.
Boardroom (Fall River Mills)

DRAFT
Attachment F

These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.

- 1 **CALL MEETING TO ORDER:** Board Chair Beatriz Vasquez called the meeting to order at 12:11pm on the above date.

BOARD MEMBERS PRESENT:

Laura Beyer, Secretary
Jeanne Utterback, Director

ABSENT:

Coleen Beck, Infection Preventionist

OTHERS PRESENT:

STAFF PRESENT:

Louis Ward, CEO
Candy Vculek, CNO
Jack Hathaway, DOQ
Theresa Overton, DON, Acute
Valerie Lakey, Dir of PR/Safety
Mary Ranquist, Manager, Hospice
JD Phipps, Dir. Ancillary Services
Pam Sweet, Board Clerk

- 2 **CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**
None

3 **APPROVAL OF MINUTES**

3.1 A motion/second carried; committee members accepted the minutes of April 17, 2019 Jeanne/Jack **Approved All**

4 **DEPARTMENT REPORTS**

4.1 **Emergency Department:** Submitted written report.

- Ongoing review of audits for CDPH assessment.
 - Have done auditing and publishing to staff with no noticeable improvement in stats
 - Frustrated that staff noncompliance is across the board
 - Have conveyed to staff individual discipline is the next route.
 - Dealing with culture 1) have always done it this way and 2) we're rural, we're different.
 - Trying to break the thought processes
- Working to implement stroke protocols to go into effect this quarter
- Effective May 26, will have 2RN's on both shifts
 - In preparation for the new building
- Putting tech's at mid-shift where the volume is
 - Working out the contract with SEMSA

4.2 **Hospice:**

- Project for last year was to create SNF binders for the nursing unit

- Educational binders turned out to be a new federal regulation
- Have delivered binders to nurses stations
- Binder includes an explanation to nurses about the (apparent) heavy opioid dosages
- Mary discussed the aromatherapy program
 - Talked about the benefits of various scents

4.3 **Med Staff:** Submitted written report.

- Down more than 200 policies since the start of the campaign

4.4 **Outpatient Services:** Submitted written report

- As Relias is implemented OP Med is working with Brigid to bundle an OP Med module.
- Wound protocol developed. Gives nurses not familiar with wounds a basic overview of how to deal with wounds.
- Weekly Weights and Wounds meeting with SNF are productive. Outcomes are great

4.5 **Respiratory:** No report. Move to next agenda.

5 QUARTERLY REPORTS

5.1 **Safety:** Submitted written report

- Doing a lot of training in Safety/Security Preparedness
- Excited about implementation of RL6 to report safety/security and workplace violence issues
- Relias allow trainings to be pushed out to staff
- Getting ready for fire season
- Had a phone call with PG&E regarding their fire safety program.
 - We are likely to have power outages this season. Expect 3 to 5 day outages

5.2 **CMS Core Measures:**

- Cases have been submitted. Report to follow

6 STANDING MONTHLY REPORTS

6.1 **Quality/Performance Improvement:**

- RL 6 went live 5/7/19. People are already submitting QRR's
 - Working through the bugs now
- Getting training on Just Culture

6.2 **PRIME:**

- Have submitted. Waiting on payment

6.3 **SNF Events/Survey:**

- Have a consultant coming back this month to do a mock survey in SNF
 - Noticed the quality declining
 - Survey will be a surprise to staff
- Looking at Partnership criteria
 - How can we get down to less than 4 days of non-RN coverage
 - Goal is to hire new RN's with a 2 or 3 year contract
- Good response on LVN side now
 - A class is just graduating and we have made offers to 3 or 4 of them. It will be July or August before they are licensed.

6.4 **Infection Control:** No Report

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7 ADMINISTRATIVE REPORT:

- This is nurse's week. Thank you to all nurses
- Next week is Hospital week
- Pharmacy: Received license
 - Taking bids to replace the parking lot
- New building is progressing. Seeing a regular pace set
- Quarterly CEO's meeting in Seneca
 - 5 CEO's from Seneca, Eastern Plumas, Plumas, Modoc and Mayers
 - Will have the September meeting here to show off the new building and pharmacy
- District Hospital Leadership Forum was yesterday.
 - Some members are trying to change the IGT so that it is based more on outpatient and less on SNF. We are fighting against that change
 - IGT will remain the same for the next 2 years
- Sac Valley Medshare (HIE) awarded \$3.5 million grant which we will put into EMS Plus which will connect all ambulance providers from Chico north. Will be able to send ambulance charts directly to the ER and import into our computer system
- Day Care:
 - The need is there but we don't want to run it through the hospital because of all the regulations
 - Talked with the high school yesterday. They face the same challenges we do in attaining staff
 - Looking at the model that is working in Burney

8 NEW BUSINESS: None

9 OTHER INFORMATION/ANNOUNCEMENTS: None

10 ANNOUNCEMENT OF CLOSED SESSION:

11 RECONVENE OPEN SESSION: No action

12 ADJOURNMENT: 1:59pm - Next Regular Meeting – June 12, 2019 (Fall River Mills)

**MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE**

ACCESS TO PUBLIC RECORDS

Page 1 of 4, with attachment
Application for Inspection of Public Records MMH585

DEFINITIONS:

"Person" includes any natural person, corporation, partnership, firm or association.

"Public records" includes any writing containing information relating to the conduct of the business of Mayers Memorial Hospital District prepared, owned, used or retained by the District regardless of physical form or characteristics.

"Writing" means handwriting, typewriting, printing, electronic communications, copying, photographing, and every other means of recording upon any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combination thereof, and all papers, maps, magnetic or paper tapes, photographic films and prints, and other documents.

POLICY:

It is the policy of the Board of Directors of Mayers Memorial Hospital District to encourage public participation in the governing process and to provide reasonable accessibility to all public records except those documents that are exempt from disclosure by express provisions of law or considered confidential or privileged under the law.

The following Guidelines and procedures shall govern the accessibility for inspection and copying of all of the public records of Mayers Memorial Hospital District. These guidelines are to be administered by the Chief Executive Officer of the District.

Certain requirements of law must be observed relating to disclosure of records and to the protection of the confidentiality of records. These Guidelines set forth the general rules contained in such laws.

Questions of Interpretation

In case of any question as to the accessibility of the records of the District under this policy, records should not be made accessible to the public until such question has been determined by the Chief Executive Officer of the District. The decision of such officer is final unless overruled by the Board of Directors.

The District shall justify the withholding of any record by demonstrating that the record requested and withheld is exempt under policy, or that on the facts of the particular case, the public interest served by not making the record public outweighs the public interest served by the disclosure of such record.

In the case of any denial of an Application for Inspection or Copying of Records, the District shall notify the applicant of the decision to deny the application for records and shall set forth the names and positions of each person responsible for the denial of the request.

Following Procedures for Inspection and Copying:

The Procedures referred to shall be followed in all of their specifics at all times. Records of inspections shall be accurately maintained.

Records Subject to Inspection

All public records of the District are subject to inspection pursuant to this policy except as follows:

- Records set forth hereinafter as records subject to inspection only without authorization;
- Records NOT SUBJECT to inspection (unless by Court order); or
- Records that may be withheld by exercise of discretion.

Waiver of Exemption

If the District discloses a public record that is otherwise exempt from disclosure under the California Public Records Act, the disclosure may constitute a waiver of the exemption otherwise applicable to such record.

Records Subject to Inspection Only with Authorization

Any records relating to clients of the District (including but not limited to the client's records of admission and discharge, medical treatment, diagnosis and other care and services) shall only be made available for inspection and/or copying under the following conditions:

- Upon presentation of a written authorization therefore signed by an adult client, by the guardian or conservator of his person or estate, or, in the case of a minor, by a parent or guardian of such minor, or by the personal representative or an heir of a deceased patient or client, and then only upon the presentation of the same by such person above-named or an attorney-at-law representing such person.
- Upon presentation of a written order therefore issued by a Court of the State of California or of the United States of America (see reference to Subpoena Duces Tecum hereinafter) that specifically commands the District to disclose specified records.

Records Not Subject to Inspection (Unless by Court Order)

The following Records of the District are not subject to inspection by any person without a written order therefore issued by a Court of the State of California or of the United States of America (see reference to Subpoena Duces Tecum hereinafter):

- Records pertaining to pending litigation to which the District is a party, or to claims made pursuant to Division 3.6 (commencing with Section 810) of Title I of the Government

Code of California, until such litigation or claim has been finally adjudicated or otherwise settled.

- Personnel, medical or similar files of non-clients, the disclosure of which would constitute an unwarranted invasion of personal privacy of the individual or individuals concerned.
- Records of complaints to or investigations conducted by, or investigatory or security files compiled by the District for correctional, law enforcement or licensing purposes.
- Test questions, scoring keys, and other examination data used to administer a licensing examination, examination for employment or academic examination.
- The contents of real estate appraisals, engineering or feasibility estimates and evaluations made for or by the District relative to the acquisition of property, or to prospective public supply and construction contracts, until such time as all of the property has been acquired and all contract agreements obtained.
- Confidential documents relating to trade secrets of the District. Trade secrets are of unique value to the District, are important to the functioning of District plans and are considered to be confidential documents.
- Records the disclosure of which is exempted or prohibited pursuant to provisions of federal or state law, including, but not limited to, provisions of the Evidence Code of California relating to privilege. (Privileges are conditionally provided for all communications between lawyer and client, physician and patient and psychotherapist and patient).
- Preliminary drafts, notes, or interdistrict, intradistrict or other memoranda, between districts, departments of the District, and/or other agencies, which are not retained by the District in the ordinary course of business, and provided that the public interest in withholding such records outweighs the public interest in disclosure.
- Records in the custody of or maintained by legal counsel to the District.
- Statements of personal worth or personal financial data required by any licensing agency and filed by an applicant with the licensing agency to establish his or her personal qualifications for the license, certificate or permit applied for.
- Records of state agencies related to activities governed by Articles 2.6, 2.8, and 2.91 of Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, pertaining to MediCal provider contracting, which reveal the special negotiator's deliberative processes, discussions, communications, or any other portion of the negotiations with providers of healthcare services, impressions, opinions, recommendations, meeting minutes, research, work product, theories, or strategy, or that provide instruction, advice or training to employees.
- Employment contracts between the District and any public official or public employee, pursuant to Government Code Section 6254.8.
- Government Code SS6254.6 states that collection of private industry wage data for salary purposes, when such data is supplied under contract by the Bureau of Labor Statistics, shall remain confidential and the identity of the employers shall not be open to the public.
- Government Code SS6254.9 states that computer software developed by the District is not, in itself a public record. The District may sell, lease, or license the software for commercial or noncommercial use. Any computer software that might be developed by

the District is entitled to copyright protection and need not be disclosed as a public record. This Section also provides, however, that information stored in a computer does not necessarily become confidential because of this Section.

- Any other records of the District that are not required to be disclosed pursuant to the California Public Records Act or other applicable statute as such statutes may be amended from time to time.

Discretionary Withholding of Records

In addition to the limitations upon disclosure of records set forth in this policy, the District may, in its discretion, withhold inspection of any record or writing when the District determines that on the facts of the particular case the public interest served by not making the record public clearly outweighs the public interest served by disclosure of the record. Such discretion shall be exercised by the District by and through the Chief Executive Officer, whose decision shall be final unless overruled by the Board of Directors.

Compliance with Subpoena Duces Tecum

Upon receipt, the Subpoena Duces Tecum (a notice to appear and to bring records, or to produce records without appearance) should be forwarded to the Chief Executive Officer. While a Subpoena Duces Tecum is issued by a court, it is not an order of the court declaring that the particular records are subject to disclosure. Such records may still be subject to protection against disclosure by reason of the existence of a privilege or other legal excuse. Therefore, receipt of such a subpoena does not permit disclosure of records in and of itself and the following rules should be followed:

- Subpoena in action where District is a party: Immediately consult with legal counsel representing the District as to the proper response.
- Subpoena in other actions: If the records sought to be discovered (which are ordered to be produced) fall within one of the categories above, consult with the District's counsel prior to responding to the subpoena.
- If the records sought to be discovered are those that can be inspected, it is sufficient compliance with the subpoena (if it seeks only records and does not specify that "testimony" or "examination upon such records" will be required) to deliver a copy by mail or otherwise, following the procedure set forth in Form MMH585 attached hereto.
- If only a portion of the records may be disclosed or inspected: If only portions of any requested records may be disclosed or inspected, the disclosable portions should be segregated from the non-disclosable portions, and the segregated non-disclosable portions should be withheld unless and until a court orders their production.

REFERENCES:

ACHD/Alpha Fund policy Access to Public Records
Beach Cities Health District

APPROVALS:

Quality: 4/17/2019
BOD:

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

1135 WAIVER

Page 1 of 2

PURPOSE:

The purpose of this policy is to provide guidelines for the 1135 Waiver in the event of an emergency/disaster.

DEFINITIONS:

1135 Waiver : When the President of the United States declares a disaster or emergency under the Stafford Act or National Emergencies Act and the Health & Human Services Secretary declares a public health emergency under Section 319 of the Public Health Service Act, the Secretary is authorized to take certain actions in addition to their regular authorities. For example, under section 1135 of the Social Security Act, they may temporarily waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs in the emergency area and time periods and that providers who provide such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse).

POLICY:

It is the policy of Mayers Memorial Hospital District (MMHD) to have a process in place for 1135 Waiver in the event of emergency/disaster.

MMHD is committed to providing all of our stakeholders with the safest environment possible. To help meet this commitment, MMHD has established a policy and procedure to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs in an emergency area during specific time periods and that providers who provide such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse).

During an emergency it may become necessary to waive certain Centers for Medicare & Medicaid Services (CMS) regulations. Once a local, state, and federal emergency has been officially declared, CMS allows facilities to request a waiver of individual CMS Requirements of Participation. These waivers are allowed under Part 1135 of the Social Security Act and are referred to as an 1135 Waiver.

PROCEDURE:

1135 Waiver Process:

1135 Waiver requests are to be electronically submitted directly to CMS, and follow the process identified below:

1. The facility requesting the 1135 Waiver will provide to the CMM Regional Office (RO), at a minimum the following information, using this email address: rosfoso@cms.hhs.gov and copy the respective local California Department Public Health district office.

- A letter delineating all specific, relevant federal laws or regulations for which a waiver is being sought.
- Clear reasons and justifications for the request.
- The State must have activated an emergency preparedness plan or pandemic preparedness plan in the area where the facility is located, and
- The facility's Emergency Operations Plan (EOP) must have been activated for the specific waiver being requested.

CMS has advised the CDPH, Licensing and Certification Program (L&C) that L&C will be included in the review process and will be tasked with providing CMS with a recommendation for each 1135 Waiver request. In order to expedite the 1135 Waiver request process, L&C asks that all facilities electronically copy ADHS with all the above information at the time it is sent to CMS, and asks facilities to include all other background documentation necessary to support the 1135 Waiver request. Because L&C will be involved in the review process it is possible that a representative from the L&C District Office or CMS may contact the facility to verify and/or clarify information in the request.

2. The facility's 1135 Waiver request will undergo an expedited review process by the CMS National Validation Team, a committee established for the review of these requests, which will evaluate each request and make a determination as to whether the request will be approved or denied. CMS will track each request to ensure decisions are promptly returned to the requesting facility.
3. CMS will contact the facility directly to inform the facility of CMS's decision to approve or deny all or parts of the 1135 Waiver request, and will also notify L&C of their decision.

REFERENCES

1. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Requesting-an-1135-Waiver-101.pdf>

COMMITTEE APPROVALS

Safety/EM: 4/15/2019
P&P: 4/18/2019

MAYERS MEMORIAL HOSPITAL DISTRICT

Privileges in Emergency Medicine

Name: _____

Emergency Medicine Core Privileges

Qualifications

To be eligible for core privileges in emergency medicine, the applicant must meet the following qualifications:

- Successful completion of or active participation in (as at least a 2nd year resident leading to successful completion of) an ACGME- or AOA-accredited postgraduate training program in any specialty or sub-specialty involving active patient care of acute medical and/or surgical problems (excludes Pathology, Radiology, Psychiatry, Occupational Medicine, etc.);
- and
- Current ACLS, PALS and ATLS CERTIFICATIONS

Staff Status Requested *(please check one)*

- Active: must admit at least 10 inpatients per year to the Hospital
- Consulting: may not admit patients to the Hospital
- Courtesy: may not admit more than 10 inpatients per year to the Hospital
- Telemedicine Affiliate: may not admit patients to the Hospital

Privileges included in the core

Privileges to assess, evaluate, diagnose, and provide initial treatment to patients of all age groups—except where specifically excluded from practice—who present in the emergency department with any symptom, illness, injury, or condition; to provide services necessary to ameliorate minor illnesses or injuries and stabilize patients with major illnesses or injuries; and to assess all patients to determine whether additional care is necessary. Privileges do not include inpatient care on a long term basis or scheduling/performing of elective procedures. Privileges include, but are not limited to, those delineated in the accompanying Emergency Medicine Core Privileges list. Practitioner accepts responsibility to supervise CRNA administering anesthesia while exercising those privileges that are requested and approved. Practitioner accepts responsibility to supervise RN for procedural sedation.

<input type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s):		

NAME _____

Special Procedures Privileges

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges (see attached "Supporting Documentation Form").

Procedure (Check if requested) →	√	Criteria	Recommend?	
			Yes	No
Use of fluoroscopy*				
Assist in Surgery				

*Must provide copy of current California State Fluoroscopy Operator Certificate

Recommended/Not recommended with the following modification(s) and reason(s):

Additional Privileges Requested (write in below):

To be eligible for the additional privilege(s) requested, the applicant must demonstrate acceptable experience and/or provide documentation of competence in the privileges requested consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges (see attached "Supporting Documentation Form").

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Mayers Memorial Hospital District, and;

I understand that:

(a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

(b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Applicant

Date

NAME _____

Recommendations

We have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Credential Committee Chair or Vice Chair

Date

Medical Executive Committee Chair or Vice Chair

Date

CORE PRIVILEGES EMERGENCY MEDICINE

AIRWAY

Oral Airway
Endotracheal Intubation (Oral, Nasal)
Cricothyrotomy
Needle Catheter Airway (Percutaneous)
Rapid Sequence Intubation Technique

ANESTHESIA

Local Anesthesia
Analgesia/Sedation - For Procedures
Regional Nerve Block (Hand/Finger, Foot/Toe, Facial)

CARDIAC

CPR
Cardiac Pacing (External)
Cardioversion
Defibrillation
Administration of Thrombolytic Agents for Acute MI

CARDIOVASCULAR

Pericardiocentesis
Thoracostomy (Needle, Chest Tube)
Thoracotomy (Emergent)
Thoracentesis

Arterial Blood Gas
Interosseous Cannulation
Venous Access (CVP Placement, Peripheral Venous Cutdown)

GASTROINTESTINAL

Anoscopy
Nasal/Oral Gastric Tube Insertion
Gastric Lavage

GENITOURINARY

Bladder Catheterization (Foley/Suprapubic)
Cystourethrogram

HEAD/NECK

Epistaxis Control
Laryngoscopy
Nasopharyngoscopy

OBSTETRIC/EMERGENCY DELIVERY

Delivery

Dilation and Curettage

Repair episiotomy of laceration

Manual removal of placenta

Vacuum assisted delivery

OPHTHALMIC

Slit Lamp Exam

Tonometry

ORTHOPEDIC

Fracture/Dislocation- Immobilization, Closed Reduction

Spinal Immobilization

Injection, Bursa/Joint

Arthrocentesis

OTHER

Foreign Body Removal

Incision/Drainage

Lumbar Puncture

Peritoneal Lavage

Wound Management/Suture Closure

**MAYERS MEMORIAL HOSPITAL DISTRICT
POLIC AND PROCEDURE
MINIMUM NECESSARY**

Page 1 of 6

Synopsis of Policy: 164.502, 164.514, 164.524 Minimum Necessary

The purpose of the Minimum Necessary Policy is to provide on the “minimum necessary” standard of Protected Health Information (PHI) which may be disseminated, as required by the HIPAA Privacy Regulations. Minimum necessary is the practice of only releasing the information that is requested or necessary to fulfill a request

This Policy establishes guidelines to implement the minimum necessary standard and to determine how the standard impacts the use, disclosure and request of PHI. This policy and procedures will have generalized practices that can be associated with organizations. For some of those organizations that have only a small number of the workforce disclosing the PHI or handling the PHI, some of the policy and procedures in this document may not be necessary.

DEFINITIONS:

Minimum Necessary is the process that is defined in the HIPAA regulations: When using or disclosing protected health information or when requesting protected health information from another covered entity, a covered entity must make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.

POLICY:

It is Mayers Memorial Hospital District’s (MMHD) policy to ensure the privacy and security of Protected Health Information (PHI) by limiting the use and disclosure of PHI to what is minimum or reasonably necessary to accomplish the intended purpose in the following three areas:

1. Uses and disclosures of PHI by MMHD workforce/staff;
2. Uses and disclosures made in response to requests for PHI from other organizations; and
3. Uses and disclosures when requesting PHI from other organizations.

This standard applies to all PHI, regardless of its form, character or medium, including, but not limited to electronic, digital, film, tape, paper, or verbal.

The HIPAA minimum necessary standard does not apply to the following five circumstances.

Disclosure to requests by a health care provider for treatment:

1. Uses or disclosure made to the individual, as permitted in the HIPAA regulations:
 - a. An individual has a right of access to inspect and obtain a copy of protected health information about the individual in a designated record set, for as long as the protected health information is maintained in the designated record set (Please see policy and procedure regarding Designated Record Sets), except for:
 - i. Psychotherapy notes;
 - ii. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and
 - iii. Protected health information maintained by MMHD that is:
 1. Subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. 263a, to the extent the provision of access to the individual would be prohibited by law; or
 2. Exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR 493.3(a)(2).
2. Uses or disclosures made pursuant to an authorization;
3. Disclosures made to the Secretary of the Department of Health and Human Services;
4. Uses or disclosures as required by law, as outlined in §164.512(a, c, e, & f); and
5. Uses or disclosures that are required for compliance with this rule.

PROCEDURES:

1. **Routine and Non-routine Disclosures and Requests:** MMHD must distinguish routine or recurring disclosures and requests from non-routine or non-recurring disclosures and requests:
 - A. **Routine Disclosures:** These are disclosures of PHI made to another entity or requests for PHI made by MMHD on a routine or reoccurring basis. For such disclosures or requests:
 - i. MMHD must implement policies and procedures that limit the amount of PHI disclosed or requested to the amount reasonably necessary to achieve the purpose of the disclosure or request.

- ii. MMHD should consider discussing the minimum necessary standard with the organization responsible for major requests or disclosures to negotiate mutually agreeable disclosures. In this regard, the organizations involved should address:
 1. The types of protected health information to be disclosed;
 2. The types of persons who would receive the protected health information; and
 3. The conditions that would apply to such access.
 4. Standards for disclosures to routinely hired types of business associates (e.g., for medical transcription).
 - B. Non-routine Disclosures: These are disclosures made occasionally. MMHD needs to determine criteria to limit PHI to what is reasonably needed to accomplish the purpose of the disclosure. Non-routine requests are evaluated on a case-by-case basis in accordance with the criteria developed by MMHD to ensure minimum necessary.
 - i. Develop reasonable criteria to limit the amount of information disclosed to the minimum necessary to accomplish the purpose of the disclosure; and
 - ii. Use these criteria to review these disclosures on an *individual basis*.
- 2. Applying the Minimum Necessary Standard to PHI from Other Organizations:** MMHD may rely on the judgment of the party requesting the disclosure as to the minimum necessary amount of information needed when the request is made by:
- A. A public official or agency for which a disclosure is permitted under section 164.512 of the Privacy Rule (uses and disclosures for which consent, authorization, or opportunity to agree or object is not required);
 - B. Another covered entity (e.g., health care provider, clinic, health plan, etc.);
 - C. A professional who is a workforce member or business associate of MMHD, if the professional states that the amount requested is the minimum necessary; or
 - D. A researcher with appropriate documentation from an institutional review board or privacy boards.
- A party requesting the “entire medical record,” must specifically justify the request as the minimum, or reasonable, amount necessary to meet the needs of the request (e.g., transfer of care, medical history of longstanding condition, etc.) before MMHD will disclose the PHI.
- 3. Applying the Minimum Necessary Standard When Requesting PHI from Other Organizations** MMHD must limit its requests for PHI to the minimum, or reasonable, amount necessary to accomplish the purpose of the request.

Upon issuing a request for the “entire medical record,” MMHD must specifically justify the request as the minimum, or reasonable amount necessary to accomplish the purpose of the request (e.g., transfer of care, medical history of longstanding condition, etc.).

4. Applying the Minimum Necessary Standard to MMHD Workforce:

- A. For uses of PHI that require access by MMHD workforce, MMHD must identify:
 - i. The person or classes of persons in the workforce who need access to PHI;
 - ii. The category or categories of PHI to which access is needed; and
 - iii. Any conditions appropriate to such access.

- B. MMHD must have in place a process to determine the appropriate scope of the individual’s access to PHI that includes:
 - i. An assessment of the individual’s appropriate access to PHI performed by the responsible department director/supervisor and based on:
 - 1. Job description/position scope;
 - 2. Need to know;
 - 3. Patient care needs; and
 - 4. Administrative needs.
 - ii. Completion of access request form and/or agreement form by the individual and the individual’s director/supervisor.
 - iii. Education and review conducted by the individual’s director/supervisor, which covers the individual’s responsibilities related to access and includes the minimum necessary standard, confidentiality, security and the consequences of inappropriate access to PHI or breach of patient confidentiality.

- C. MMHD should carry out periodic reviews of access levels to determine (if MMHD is a small organization, this may not be necessary due to small staff):
 - i. Changes in staff member position or scope of responsibilities; and
 - ii. Changes in information available through information components.

- D. MMHD must make reasonable efforts to limit the individual’s access to PHI that is necessary to carry out their duties or on a “need-to-know” basis. Individuals with unrestricted access to PHI are limited to accessing information for which they are responsible for providing treatment or carrying out related operational duties (e.g., quality audits, infection control monitoring, risk management activities, utilization review, etc.).

- E. Requests for access to PHI not routinely covered in the scope of the individual’s position shall be reviewed by leadership (e.g., privacy officer, administration, HIM/IT director, etc.) to determine the nature of the request and the benefit of granted access. Access may be granted on a limited basis and time frame to accommodate the duration of the project. Examples of special requests might include:
 - i. Research projects;

- ii. Grant applications;
 - iii. Needs assessments;
 - iv. Staff performance appraisal and monitoring; or
 - v. JCAHO monitoring and evaluation.
- F. MMHD should periodically monitor access to determine appropriateness of staff review of PHI. Tracking incidents of unauthorized access will increase the security of patients' health information and decrease the risk of privacy violations. Methods for auditing access might include:
- i. Conducting random spot-checks of patients to determine appropriateness of access;
 - ii. Using exception reports to determine time of access, length of access, access to "confidential" or "VIP" patient PHI;
 - iii. Reviewing "role-based" access by position and unit of assignment within MMHD]; or
 - iv. Reviewing requests for and access to "hard copy" patient records.
- G. Departments that are responsible for the administration of department-specific modules or information systems such as medication administration or dictation access must also periodically monitor access to determine appropriateness of staff access to PHI.
- H. Position transfers that may involve different levels of access to PHI must be reviewed to determine the appropriate new scope of access. This review should be carried out by the Security Officer.
5. **Corrective Action:** Upon determination of inappropriate or unauthorized access to PHI by a staff member, MMHD must determine the appropriate corrective action for the misconduct. Please refer MMHD's policy regarding failure to comply with privacy practices.

The following is a chart of methods of creating minimum necessary PHI:

Method of Handling PHI	How to create minimum necessary
Electronic	Create security mechanisms to monitor and limit access PHI based on the criteria listed under Uses and Disclosures of PHI within the Workforce/Staff Section 1.
Paper	Black out any information not required by the disclosure request.
Verbal	Only disclose the information needed by the request made.

REFERENCES

- 45 CFR 164.502(b)

Minimum Necessary
Page 6 of 6

- 45 CFR 164.514(d)
- 45 CFR 164.524(a)(1)

COMMITTEE APPROVALS:
HIM/HIPAA: 4/25/2019

MAYERS MEMORIAL HOSPITAL DISTRICT

Privileges in Advanced Wound Care

Name: _____
(Please Print)

Qualifications

To be eligible for core privileges in Wound Care, the applicant must meet the following qualifications:

- Continually maintain certification by the relevant American Board of Medical Specialties, American Osteopathic Board or American Board of Podiatry Surgery;
OR
- Successful completion of an ACGME or AOA accredited post-graduate training program or podiatric surgical residency program with active participation in the examination process leading to certification by the relevant board. Board certification is required within three (3) years of eligibility and continually maintained thereafter.

Staff Status Requested *(please check one)*

- Active: must admit at least 10 inpatients per year to the Hospital
- Consulting: may not admit patients to the Hospital
- Courtesy: may not admit more than 10 inpatients per year to the Hospital
- Telemedicine Affiliate: may not admit patients to the Hospital



Operations Report May 2019

Statistics	April YTD FY19 (current)	April YTD FY18 (prior)	April Budget YTD FY19
Surgeries (including C-sections)	5	7	8
> Inpatient	0	2	2
> Outpatient	5	5	6
Procedures (surgery suite)	16	14	16
Inpatient	1612	1818	1840
Emergency Room	3427	3491	3530
Skilled Nursing Days	22912	23012	22640
OP Visits (OP/Lab/X-ray)	12858	12600	13090
Hospice Patient Days	1050	1040	1040
PT	2572	2756	2750

Operations District-Wide Louis Ward, MHA, CEO

Retail Pharmacy

As of April 29th MMHD is now able to operate a Retail Pharmacy. The CA Board of Pharmacy approved our application and the license was granted. We are still pushing for a July 1 opening date however, we are still awaiting our construction permit to be issued by the County. Ryan Harris, COO has been in constant communication with County officials in a hope to move this portion of the project along as quickly as possible. Heidi Fletcher, RPH continued this month working towards building all of the necessary components for a successful operations plan; we have advanced in many areas since our last report to the BOD. We have purchased all physical computer infrastructure, executed software agreements, continued works with a signage vendor, continued negotiating insurance contracts, and nearing a finalized logo for the pharmacy. More information will be presented verbally at the BOD meeting.

CHA Rural Health Symposium

Travis Lakey, CFO and I attended the California Rural Health Symposium, a one-day conference held in Sacramento this month. The conference was very narrow in scope, only focusing on innovative new payment models. We spoke at length about a concept where Rural hospitals would shift to a Global Payment methodology rather than the Fee-For Service model we are currently in. Initially the model only looked to provide a global payment for all of inpatient discharges and not affect outpatient business. There is much work to be done before any of the content discussed yesterday becomes a reality, if it does at all. I have many questions and concerns about a global payment model and intend to be an active participant in future meetings. It is clear the state of CA is looking to overhaul the current healthcare system and at least for now they are looking to the hospitals to provide solutions. More information will be provided as it is obtained.

Quarterly CEO Meeting

Leadership of Plumas hospital, Eastern Plumas Hospital, Seneca Hospital, Modoc Hospital, and Mayers met in Chester this month to discuss many shared challenges as well as areas we have seen success. It is a great group of leaders who truly have their hospitals, patients, and communities at the front of their minds. We spoke at length about physical infrastructure challenges as we are all posed with new building

construction over the next ten years. We spoke about new service line opportunities such as retail pharmacy and physical therapy. We discussed different funding sources available to rural hospitals and the benefits of obtaining said funding sources. In summary, it is a great group that has committed to meeting with each other quarterly, moving the meeting to one of our communities, sharing in the travel time.

Nurses Week / Hospital Week

Throughout the month of May we pause to recognize our wonderful Nurses as well as celebrate all hospital staff during nurses week and hospital week. Thanks to all involved in setting up and planning for these weeks in which staff really look forward to. We purchased a small gift for each member of TEAM Mayers; we are providing lunch throughout the week, dinner to the evening staff, ice cream.....and lots of opportunities to have a little fun.

Day Care

On the 30th of this month, I am scheduled to meet with the Principal and Vice-Principal of the Fall River High School to determine if there is a need for us to work together in an effort to bring a daycare to the Fall River Valley. The hospital is often challenged with recruiting young healthcare workers to the area because of a lack of access to childcare. We also have a great deal of staff that would be very appreciative of any efforts the hospital and the schools take in the development of accessible childcare. More information will be reported on this matter in future BOD meetings.

Respectfully Submitted by,
Louis Ward, MHA
Chief Executive Officer

Chief Operating Officer Report

Prepared: Ryan Harris, COO

Hospital Expansion Project

- Current schedule shows construction completion in September 2019 and formal sign off to the owner on October 23, 2019. We are pushing the contractor to come up with ways of getting the project completed and signed off on by late September. This will give us more time for moving in and licensure to license the building.
- Concrete curbs will be poured for mechanical units next week. We are hoping to get approval of our ACD for rebar on the remaining diamond pour backs to finish the exterior framing and denz glass. This will then allow the contractor to start the roof in all areas.
- Porter and Mayers are still working through all the details of the delay change order received by Layton on April 15.

Facilities, Engineering, Other Construction Projects

- We have finalized our design for the new Burney Clinic. The architect and engineers will continue to work on construction documents. We are hoping to submit to the county for a permit in August. We will start the RFQ and RFP process in June of 2019 for the project.
- The energy audit of our HVAC systems has been completed. We are awaiting the results for the auditing firm.
- We have submitted drawings to OSHPD and are awaiting their approval on new plumbing fixtures, countertops, and lighting for the SNF Refresh Project. Work on skinning the existing cabinets has also resumed.
- We received approval of our HVAC drawings from OSHPD last week. We are currently sending out the plans for bidders.

- A meeting will be held on June 3 for next steps involving the demolition of the 1956 building. At this time Layton is to finish all work included in their contract including the seismic wall bring us closer to compliance in our acute space. We have not heard back whether or not we will be getting an extension to our 2020 deadline.
- We did receive a response back from FEMA and were denied our grant request.
- The AB2190 extension was submitted and taken in by OSHPD. It is currently under review.
- Work continues on the Riverview house transformation into an on-call employee sleep house.
- With MVHC relocating to their new clinic soon facilities and engineering will begin work on the current clinic building and converting that into office space as well as remodeling the current finance building into an administration building. We anticipate starting this work in July or August 2019.
- After a long break and back and forth with OSHPD work has resumed this morning on the new delivery door. The goal is to have the new delivery door in by the end of May.
- I am anticipating installation of our new nurse call system to start in late June. This greatly depends on OSHPD approval of the construction documents, but using historical timeframes for approval on similar projects that go in as rapid review late June seems likely. This will be a 7-8 week project with most of the disruption happening during the first two weeks with rough-in electrical. I will do my best to keep the impacted departments informed of schedules and disruptions so we can prepare for changes in workflows and availability of rooms.
- I submitted updated drawings for the Pharmacy to meet ADA compliance and plot plans to the county on May 8, 2019. I am hoping for a building permit from them in the next week. We are also receiving bids to repave the parking lot. This will need the board's approval and will be submitted to them this month. We are also working with a signage contractor to get the code required exterior sign done to open the building. We are scheduling for a 30-60 day construction timeframe once the building permit is issued.
- We are currently in the design phase on the new heli pad project working with the Layton Team and Air Methods.

IT

- One Content implementation has been going very well; there have been several meetings with end users and IT over the last month. This is a large project that will bring a lot of change to workflows for staff. Our employees have been doing a great job committing to the project and staying on schedule.

Purchasing

- Our purchasing team continues to work on procuring new equipment for the new hospital wing.

Dietary

- The food and nutrition services manager and I are looking at implementing price increases in the kitchen start July 1, 2019. With minimum wages going up and food cost on the rise price increases in the department will need to be reviewed annually.

Security

- I have no security incidents to report.

Environmental Services & Laundry

- I am very proud of our staff with the implementation of our new Laundry services business line. Everything has gone very well. We had our 60 day process improvement meeting on May 14. Our staff have been doing a fantastic job with providing the quality linens that our patients and residents deserve.

Uniforms

- I am currently working on a facility wide uniform program that will enhance our patient experience and professionalism. This will be a color-coded program for scrubs and polos for the necessary

departments. This is becoming the industry standard in medical care and something our staff has shown to be very passionate and excited about. More to come on this new program in future board meetings. Currently our maintenance staff has been in uniforms for about 1 year. IT, Purchasing, and dietary will be in uniforms by the end of June. All other staff will follow after additional meetings.

Respectfully Submitted by,
Ryan Harris
Chief Operating Officer

Chief Nursing Officer Report
Prepared by: Candy Vculek, CNO

EMTALA Survey

- Received initial tag and have responded
- Still awaiting CMS review of the full EMTALA survey and may receive additional tags related to the survey findings
- CMS does not have a timeline in which they are required to respond.

SNF Report

- Census = 72 Residents; 1 confirmed admission for 5/13/19 Burney Annex Memory Care Unit; 1 confirmed admission for 5/14/19 Burney Annex; 1 possible admission for the Acute/Swing MMHD to Station 2. Having difficulty admitting new patients due to lack of physician availability to complete the admission process
- Ongoing “High, Middle, Low” Rounding/Evaluation Process with our SNF staff—very near completion. This provides staff with a clear evaluation of their current work performance as well as improving employee engagement.
- Created Standard Work for SNF Nurses with In-Service presented 5/9/19 at Burney Annex on Urinalysis and how to Interpret Culture and Sensitivity. In-Service to be presented by Clinical Nurse Educator, Brigid Doyle, next week at Station 2 also.
- Grant for Memory Care Unit Custom Motorized Awning for Outdoor Patio has been awarded. Fabrics to be chosen next Tuesday, 5/14/19. The awning is slated to be ready for installation in 4-5 weeks. The decision for a second grant request for a custom motorized awning for the Front Patio Burney Annex will be decided next week.
- Burney Annex and Fall River Mills Station 2 will be a clinical site for ten IOT Redding LVN Students beginning 6/29/19 for their Summer Semester.

- Stop Light Report Boards are up in SNF Employee Break Rooms and being used. This tool is used to communicate issues more effectively from the staff to management.
- Trial (started 5/9/19) for Night Nurse Phone Headset to be utilized to possibly alleviate the difficulty with phone calls at night.

Acute Care Report

- April Acute ADC=not received by the date of this report due.
- Continue to recruit for OPS RN and Acute RN.
- Seeking full time Night CNA shift due to employee out on non-work injury permanently.
- Continue to build competency-based program and new hire orientation within Relias.
- Go Live with RL6-New quality risk management format via online system vs hard copy of paper reporting.
- Acute Lead returned from disability on administrative duties currently.
- Acute Social Worker, Marinda May, Graduating with Bachelor degree in Social Work in May and will be starting Masters program in Social Work and Mental Health.

Emergency Department

- 366 patient visits in April
- Two hires have been made to the ED with one in orientation now and one starting next month. This will allow us to start staffing of two RN's on night shift starting May 26th. Tech's will move off of night shift to a 10am – 10pm swing shift
- Stroke protocol in draft and in front of leadership for approval (waiting on Tom)

Laboratory Board Report

- Obtaining quote for new Coag machine. Current is end of life and will need to be replaced before or during transition to new wing
- There was questionable billing practice for lab tests performed by outside agency. The applicable regulations were reviewed which showed that the current practice is allowable. With that assurance, additional tests are being built out which will streamline billing and reporting for those tests.
- Second traveler in place in the lab.

Radiology Board Report

- Timeline for the implementation of the new PACS has been delayed despite challenges with existing because of the need for an interface to be built to retrieve/transition all records from old to new. Expect to go live first part of June.
- Salary adjustment made to market rate. Sign-on and retention bonus structure that is similar to nursing has been implemented.
- The wage increase has recruited a former employee. He will return later this month in a per diem status. He will work full time for at least the next 6 months.

- Currently there are two travelers working. The first traveler will drop off in early June. The department will continue with three techs until end of fall unless an opportunity to hire a permanent employee occurs.

Outpatient Medical

- RN for OPM- Ellie Haydock RN OPM full time. Alexis Williams RN no longer continues to help 1 day a month for Dr Zittel/Dr Rasmussen wound clinic days schedule doesn't allow this in ER. We have been able to borrow a LVN for the last few wound clinic days, which has been helpful and hopefully interesting and educational for staff.
- The Outpatient Census has an average monthly patient visits at (110 approx. a month). February 120 patients seen 143 procedures, March 114 patients, 131 procedures, April 122 patients, and 141 procedures.
- We have posted a part-time position on our website through HR.
- Our travel RN from AYA, Charlotte Jimenez is finished and Ellie Haydock RN has returned from maternity leave.

Continuing Work:

- Dr Rasmussen from Physicians Wound Center is now privileged at MMHD and will be seeing patients. We are excited to have another wound specialist come to MMHD. He and Dr Zittel will be switching every few weeks for wound clinic visits. This will increase the times that the physicians will be rounding at MMHD.
- IT/OPM working toward a custom build for EMR charting for OPM. Currently for Dr Zittel visits we still do paper charting. We worked with a consultant to customize the physician document. We should be at testing phase at this point.
- OPM continues offering skin grafts for patients. Graftix is a cryopreserved placental membrane comprised of an extracellular matrix (ECM) rich in collagen, growth factors, fibroblasts, mesenchymal stem cells (MSCs), and epithelial cells native to the tissue. Designed for application directly to acute and chronic wounds. Flexible, conforming cover that adheres to complex anatomies. AND Stravix® cryopreserved placental tissue, composed of the umbilical amnion and Wharton's Jelly, retains the extracellular matrix, growth factors, and endogenous neonatal mesenchymal stem cells, fibroblasts and epithelial cells of the native tissue.

Referrals

- We continue to send out email reminders and stop by MVHC with packets of order sets. We have placed OPM order sets and referral forms on our website and send out a password/link for: Provider Resources on the MMHD website
<http://www.mayersmemorial.com/getpage.php?name=providerresources> password:MMHD.
- OPM has been seeing residents in LTC in Burney and FR. Residents are no longer being seen as OPM but in the resident's rooms in LTC, except when Dr Zittel wound care specialist comes. Treatment carts are set up for wound care in Burney and FR LTC. OPM is a resource for LTC nursing staff for wound care. Also, OPM is a part of a weekly collaborative weights and wound meeting with LTC.
- OPM is utilizing the telemedicine room during clinic days. We are requesting a cabinet to store dressings in. We use a treatment cart in the infusion room on wound clinic days currently.
- Submitted an IHF grant for special request for a (WOW), computer and treatment chair.

- M Peterson RN will attend a wound care conference in the next 6 months.
- During weights and wounds weekly meeting OPM suggested a skin tear class for LTC staff. Having one on one trainings with staff on skin tears ongoing.
- A new wound treatment protocol was created and is in the process of approval through MCN to help acute and LTC before a wound consult is needed.
- New orientation checklist for OPM was created.
- OPM is in the process of doing a patient education survey for quality.

Issues/Needs:

- Continue to trouble shoot the computer system custom build. IT to test and evaluate. Need to finish and implement this phys doc. Need IT to dedicate time and finish this project. It has been over 1 year.
- Price shop to find another company similar to tissue analytics to help our work flow and help with patient centered care in OPM leading to get better reimbursement. Work toward ambulatory care system for OPM in the future? This is a camera similar to LTC uses for wound documentation.
- Mayers to be marketing to discharge planners to encourage physicians to get privileged at Mayers. Mostly Mercy Oncology, RA Associates, and patient from our area to return back to swing then ideally OPM.
- Continued work with ER staff if they see an OPM pt during the weekend how to charge and chart properly. Policy available and working on a new standard work flow to help make the process easier.

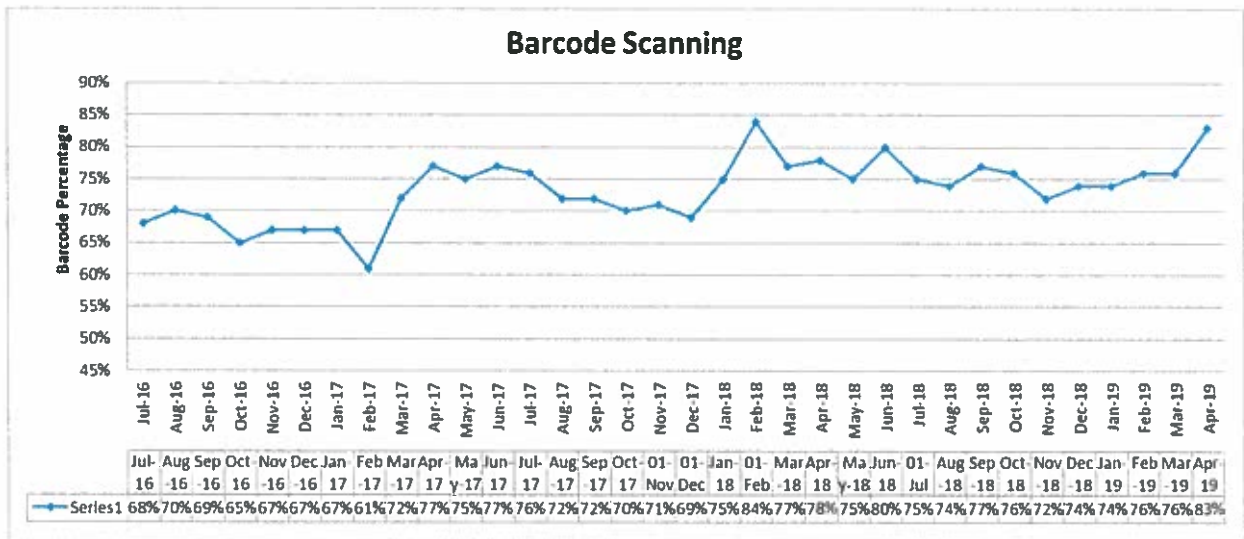
Michelle Peterson RN, CWCN, Outpatient Department Lead

Chief Clinical Officer Report

Prepared by: Keith Earnest, Pharm.D., CCO

Pharmacy

- Barcoding percent has climbed to 83% in April. Second highest percentage ever. See Attached graph.
- We are handling a nationwide shortage of pantoprazole injection by implementing use restrictions and stocking oral dissolve tablets in Pyxis.
- Compliant retail labels implemented in ER along with education to the medical staff on ER dispensing.
- Antibiotic time outs are now being documented in Paragon under nursing notes. Cultures are reviewed to ensure that the organism is sensitive to the antibiotic chosen.



Physical Therapy

- A big thank you to the landscape volunteers that are redoing the border in front of Physical Therapy.
- Daryl Schneider, PT manager, is precepting Mitch Pena, a PT student, from Azusa Pacific University.
- Recruiting efforts are ongoing.

Telemedicine

- The ancillary billing (labs/imaging) generated by Telemed specialists for April was \$17,388; a new record for our program. The two previous record months were both in the 10K range.
- Amanda Harris is coordinating Grand Rounds from Mercy Medical Center, Redding. The educational programs address current topics and nurses and physicians can get educational credit. Staff can attend at the boardroom or log on from their desks.
- FRJUSD/Mayers/MVHC Grant application was submitted to HRSA to provide mental health services via Telemed at the 4 main schools and 4 continuation schools in the Fall River Joint School District. We should hear in July if the grant is awarded.

Respiratory Therapy

- Interviews and recruiting continue. One permanent candidate will be onsite the week of May 13th.
- Diffusion gas for the PFT machine has been in short supply and is back ordered with CareFusion and AirGas (due to California's large wildfires). We cannot perform PFTs until this is resolved.

Cardiac Rehab

- Trudi Burns, Cardiac Manager, extends a big thank you to all the staff that covered the department during her recent absence.

Respectfully Submitted by,
 Keith Earnest
 Chief Clinical Officer